

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE
**CALIFORNIA
FORM
460**

Date Stamp

CALIFORNIA
FORM

| | |
|---|---|
| FILED | Page <u>1</u> of <u>5</u> For Official Use Only |
| Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u> | Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u> |
| SEE INSTRUCTIONS ON REVERSE | |

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder/Candidate Controlled Committee Primarily Formed Ballot Measure Committee
 State Candidate Election Committee Controlled
 Recall Sponsored
(Also Complete Part 5) Sponsored
 General Purpose Committee Primarily Formed Candidate/
 Sponsored Officeholder Committee
 Small Contributor Committee (Also Complete Part 7)
 Political Party/Central Committee

2. Type of Statement:

- Preelection Statement Quarterly Statement
 Semi-annual Statement Special Odd-Year Report
 Termination Statement Supplemental Preselection
(Also file a Form 410 Termination) Statement - Attach Form 495
 Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Patinzo for Mayor 2016

Treasurer(s)

NAME OF TREASURER
Tom Martinez

MAILING ADDRESS

2624 Air Park Dr.
CITY

Santa Maria, CA 93455
NAME OF ASSISTANT TREASURER, IF ANY

805-934-5737
Trent Benedetti

MAILING ADDRESS

2151 S. College Dr., Ste. 101
CITY

Santa Maria, CA 93455
OPTIONAL: FAX / E-MAIL ADDRESS

805-934-5737
tom@martinezassoc.net

STATE ZIP CODE AREA CODE/PHONE

tom@martinezassoc.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-30-2014 Date 1-30-2014

By _____
Signature of Treasurer or Assistant Treasurer

Executed on 1-30-2014 Date 1-30-2014

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

Executed on 1-30-2014 Date 1-30-2014

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2624 Airpark Drive Santa Maria, CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOTT NO. OR LETTER

JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOVENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Patino for Mayor 2016

| | |
|--|-------------------------------------|
| CALIFORNIA FORM 460 | |
| Statement covers period from 07/01/2013 | through 12/31/2013 |
| Page 3 | of 5 |
| I.D. NUMBER 1342332 | |

Contributions Received

| Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---------|---|
| Schedule A, Line 3 | \$ 0.00 | \$ 322.00 |
| Schedule B, Line 3 | \$ 0.00 | \$ 0.00 |
| Add Lines 1 + 2 | \$ 0.00 | \$ 322.00 |
| Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| Add Lines 3 + 4 | \$ 0.00 | \$ 322.00 |

Expenditures Made

| | | | |
|--|----------------------|-----------|-------------|
| 6. Payments Made | Schedule E, Line 4 | \$ 790.20 | \$ 1,818.83 |
| 7. Loans Made | Schedule H, Line 3 | \$ 0.00 | \$ 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 790.20 | \$ 1,818.83 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$ 0.00 | \$ 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 790.20 | \$ 1,818.83 |

Current Cash Statement

| | | | |
|---|---|-------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 2,765.88 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | Column A, Line 3 above | \$ 0.00 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ 0.00 | |
| 15. Cash Payments | Column A, Line 8 above | \$ 790.20 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1,975.68 | |

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

| | | | |
|------------------------------------|---------------------------------------|---------|--|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ 0.00 | |
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 | |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 0.00 | |

SEE INSTRUCTIONS ON REVERSE

SUMMARY PAGE

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pasino for Mayor 2016

| | |
|--------------------------------|---------------------------|
| Statement covers period | CALIFORNIA FORM |
| from <u>07/01/2013</u> | 460 |
| through <u>12/31/2013</u> | Page <u>4</u> of <u>5</u> |

| | |
|-------------|----------------|
| I.D. NUMBER | <u>1342332</u> |
|-------------|----------------|

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | tv. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | Independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (If committee, also enter ID. number) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Benedetti & Associates, Inc. | PRO | | | 141.25 |
| 2151 S. College Dr. Ste 101 Santa Maria, CA 93455 | | | | |
| Netfile | WEB | | Software Renewal | 284.00 |
| 2707-A Aurora Road Mariposa, CA 93338 | | | | |
| Rotary Club of Santa Maria | MTG | | | 300.00 |
| P.O. Box 351 Santa Maria, CA 93456 | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 740.20
2. Unitemized payments made this period of under \$100 \$ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 790.20**

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)